



Michigan Environmental Health Association

At the dawn of the 21st century, America is facing an environmental health gap.
- Pew Environmental Health Commission

Environmental health services have been paramount to the improvements in public health which have occurred during the past 200 years. These services have contributed significantly to the 30 year increase in life expectancy gained between the years of 1901 and 2000. The goal of environmental health during that period was the reduction of acute and infectious diseases. Environmental health programs have been enormously successful in accomplishing that goal, but must now adapt to take on the challenge of chronic and emerging threats to public health.

In 1988, the U.S. Department of Health and Human Services released their *Report to the President and Congress*. This study concluded that the environmental public health workforce in the United States is understaffed and lacks the capacity to adequately address the new and emerging issues which would challenge the public health infrastructure in years to come. The two decades hence have witnessed the arrival of some of those challenges, including: E. coli O157:H7, West Nile virus, Lyme Disease, hantavirus, emergency preparedness, norovirus, radon, H1N1 influenza and others. Additionally, researchers are learning that many of the chronic diseases which currently plague our society have environmental precursors and/or causes. Challenges from global climate change promise to deliver further environmental health threats.

The Centers for Disease Control (CDC) and the American Public Health Association (APHA) have been on the forefront of this developing issue. In 2001, those organizations partnered to produce the *Environmental Health Competency Project*. This project recognized the need to ensure a competent environmental health workforce. This report states:

Recent widely publicized outbreaks of illness – caused by *Cryptosporidium* in the Milwaukee water supply, the emergence of *Escherichia coli* O157:H7 in food, and hantavirus in the rodent population – only underscore the need for environmental health programs that are adequately staffed and capable of anticipating and responding quickly and with flexibility to environmental health threats. This includes addressing emerging environmentally related public health problems. There is a strong need to prepare the environmental health workforce to address the complex environmental health problems facing the nation in the 21st century.

The *Environmental Health Competency Project* contains numerous recommendations regarding how to develop competency, including:

- ***Admonish that practitioners be competent to practice in the field of environmental health and protection to ensure career mobility, effectiveness and success.***
- ***Ensure that the continuing education needs of our nation's environmental health and protection workforce is a priority at all levels of the public and private sectors, as well as in academia. Formal education is inadequate by itself, and does not provide personnel all the evolving knowledge and skills required.***

In 2007, the CDC released *A National Strategy to Revitalize Environmental Public Health Services*. This report concluded that it is imperative for environmental health to return to the core public health functions of assessment, policy development, and assurance. The environmental health workforce has become too programmatic and has lost its ability to perform assessment and to identify and meet new challenges. Goal #5 of this CDC strategy is to develop the workforce. In particular, the goal calls for defining service performance standards and education needs of the workforce.

The CDC has recently proposed definitions which would fulfill the objectives set in Goal #5 of *A National Strategy to Revitalize Environmental Public Health Services*. As part of the CDC's *National Public Health Performance Standards*, the agency has released a draft version of their *Environmental Public Health Performance Standards*. This document serves to compliment the larger set of standards by providing criteria specific to environmental health. Section #8 of this document is to, "assure a competent environmental health workforce." This objective contains many indicators, including:

Has the EH System or program established requirements for licensure, registration and certification of the environmental health workforce for relevant areas of environmental public health services such as the requirements for the REHS or RS credential?

In Michigan, the answer is NO.

Act 368 of the Public Acts of 1978 identifies 24 public health occupations. 23 of those occupations have been recognized as sufficiently essential to the wellbeing of the citizens of the state to warrant licensure. Those licensed occupations include a broad array of professions ranging from doctors to massage therapists, marriage counselors, and athletic trainers. Licensed professions in other state laws include cosmetologists and home inspectors. It is indisputable that licensure has increased the overall quality of those licensed professions. The one occupation which does not have licensure is the one which safeguards our water, food, shelter, recreational sites, daycare centers, indoor air quality, etc... the Environmental Health Specialist, better known as the ***Sanitarian***.

In addition to the challenges mentioned in the above reports, MEHA has identified the following problems:

- There are no standards or minimum criteria to practice environmental health in the State of Michigan.
- There are no requirements mandating continuing education for environmental professionals.
- Retirements and staffing reductions will continue to diminish the expertise and capacity of Michigan's environmental health workforce. These challenges exacerbate the need for a dynamic and demonstrably competent workforce.
- Very few new hires have specific environmental public health education. These recruits come from a variety of science programs and are unlikely to understand the interdisciplinary nature of environmental health science. It is important for these professionals to develop and demonstrate competency.
- There is no regulatory framework establishing accountability for malpractice or misuse of the protected Registered Sanitarian or RS titles.

In March of 2008, the Michigan Environmental Health Association (MEHA) together with the Michigan Association for Local Environmental Health Administrators (MALEHA) created a joint-committee with the responsibility of creating a proposal for licensure of sanitarians in Michigan. In April of 2009, MEHA reviewed and overwhelmingly approved the proposed amendment to Act 368 which was created by this joint licensure committee. A host of other public health organizations have also endorsed this proposal, including: MALEHA, the Michigan Association for Local Public Health, and the Michigan Public Health Association.

In summary, the public health community has concluded:

1. Sanitarian licensure is good for public health. Professionals who have demonstrated competency in their field are much more likely to practice it at a higher level of quality.
2. Sanitarian licensure would create a requirement for continuing education. Professionals who are required to remain current in their field are much more likely to be able to effectively address new and emerging environmental health threats.
3. Sanitarian licensure would create regulatory oversight, accountability, and protection for the environmental health profession and of the Sanitarian title. This regulatory oversight would be performed by a Board of Sanitarians in the same manner that doctors, nurses, massage therapists, and all other licensed public health professions are regulated by their respective boards.
4. Sanitarian licensure would bring Michigan in line with the CDC's vision of public health by fulfilling many of the indicators included in the draft *Environmental Public Health Performance Standards*.

5. Sanitarian licensure would advance at least two of the recommendations made within the *Environmental Health Competency Project* which was published by the American Public Health Association and the CDC.

The Michigan Environmental Health Association submits the attached proposal to you and requests your sponsorship of it. As proposed, sanitarian licensure would:

- Mandate licensure for all qualifying sanitarians
- Protect the sanitarian title, like all other licensed professional titles, from misuse
- Establish the National Environmental Health Association's Registered Environmental Health Specialist certification as the standard for Michigan licensure
- Create a Board of Sanitarians
- Require the licensure of all environmental health professions currently employed as such
- Require a minimum of 24 hours of continuing professional development every two years
- Provide an option for limited licensure for qualifying individuals in their first five years of employment as a sanitarian
- But most importantly, this proposal will *better protect the citizens of Michigan from environmental public health threats!*

Thank you for your attention to this matter. Please do not hesitate to contact either of the following individuals if you have further questions:

Sanitarian Licensure Committee
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